

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Carmin Bravo

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

**COMPLAINT**

Do you want a jury trial?

☐ Yes ☐ No

Sandeep Grover

Gaurav Arora

Anamika Grover

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

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**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☒ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

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### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Carmin Bravo, is a citizen of the State of  
(Plaintiff's name)

New York  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

\_\_\_\_\_  
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Sandeep Grover, is a citizen of the State of  
(Defendant's name)

NEW YORK

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Carmin</u>		<u>Bravo</u>
First Name	Middle Initial	Last Name
<u>830 Amsterdam Avenue #3F</u>		
Street Address		
<u>NYC</u>	<u>NY</u>	<u>10025</u>
County, City	State	Zip Code
<u>(570)216-7330</u>		
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Sandeep Grover  
 First Name Last Name  
CPA - Accountant  
 Current Job Title (or other identifying information)  
1975 Washington Avenue  
 Current Work Address (or other address where defendant may be served)  
Seaford NY 11783  
 County, City State Zip Code

Defendant 2: Gaurav Arora  
 First Name Last Name  
Accountant / Assistant  
 Current Job Title (or other identifying information)  
1975 Washington Avenue  
 Current Work Address (or other address where defendant may be served)  
Seaford NY 11783  
 County, City State Zip Code

Defendant 3: Anamika Grover  
 First Name Last Name  
 Current Job Title (or other identifying information)  
1975 Washington Avenue  
 Current Work Address (or other address where defendant may be served)  
Seaford NY 11783  
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence: New York

Date(s) of occurrence: 2014 - present

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

see Attached

Facts:

I am seeking urgent assistance regarding a complex and grave situation that continues to significantly impact my life and my family. In 2008, I founded Great Heights Consulting Corporation along with the assistance of an accountant Sandeep Grover. However, recently it was discovered that Sandeep Grover along with his own assistant, Gaurav Arora, and wife, Anamika Grover had been using my company to commit fraud. These crimes include using my information/company to aide in illegal immigration as well as obtaining an SBA loan through a fraudulent business proposal in 2014 for over \$9 million. They have continued to utilize my name and my business in order to create unauthorized accounts for their own personal gain such as submitting fraudulent mortgage applications plus illegal notary. I have been made aware that from 2014 to 2019, they have used my company's information to purchase properties and forged my signature without my knowledge. More specifically, 34 properties were purchased with Mr. Grover's involvement. Throughout Mr. Grover's arrest for his involvement in illegal PPP loans and asset freeze, he has continued to harass and threaten not only myself but my tenants who reside in Pennsylvania. I have faced death threats while battling cancer which has only added to my distress. I have urgently been seeking guidance on how to process and find justice for these violations on my identity and my rights.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

- Financial strain/loss of wages
- Loss of medical insurance/high bills for cancer treatment
- Emotional distress due to threats/harassment
- Negative impact of reputation (see attached).

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

- Equal compensatory and/ punitive damage (SBA loan) (see attached).

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>9/30/24</u>		<u>Carmi Bravo</u>	
Dated		Plaintiff's Signature	
<u>Carmin</u>		<u>Bravo</u>	
First Name	Middle Initial	Last Name	
<u>830 Amsterdam Avenue #3F</u>			
Street Address			
<u>NYC</u>	<u>NY</u>	<u>10025</u>	
County, City	State	Zip Code	
<u>(570)216-7330</u>			
Telephone Number	Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.